

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: 11/09/06		2 Serial/Patent # 6332646									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input checked="" type="checkbox"/>	Maintenance	6	10/23/00	\$ 450.00							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 450.00							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
<input checked="" type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>0</td><td>6</td><td>--</td><td>1</td><td>3</td><td>5</td><td>8</td> </tr> </table>			0	6	--	1	3	5	8
0	6	--	1	3	5	8					
No Fee Due (Explanation):		<i>Credit Card</i>									
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: Paul Shanoski		TITLE: Senior Attorney									
SIGNATURE: <i>Paul Shanoski</i>		PHONE: 571-272-3225									
OFFICE: Office of Petitions											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <i>CRK</i>		DATE: 11/13/06									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**